



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (08-03)  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

26824

# FEE TRANSMITTAL for FY 2004

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 420

## Complete If Known

Application Number 10/007242  
Filing Date 10/NOV/2001  
First Named Inventor KENNETH RUSSELL MILLS  
Examiner Name Lee, John J.  
Art Unit 2682  
Attorney Docket No. PTU000002

RECEIVED

JAN 30 2004

Technology Center 2600

| METHOD OF PAYMENT (check all that apply)  |        | FEE CALCULATION (continued)   |        |                                   |          |              |          |  |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
|---|--------|---|--------|-----------------------------------|----------|--------------|----------|--|----------|-----------------|----------|-----------------|----------|------|-----|------|----|--|--|--------------------|--|-------------------------------------|-----|------|-----|------|----|--|--|-------------------|--|---|-----|------|-----|------|-----|--|--|------------------|--|---------------------------|-----|------|-------|------|-------|--|--|--------------------|--|--|-----|------|------|------|------|--|--|------------------------|--|--|--|------|--------|--------|--------|--|--|--|--|---|--|-------|--------|-------|--------|----------|----------|----------|----------|--|----------|------|-----|------|-----|--|--|--|--|---|-----|------|-----|------|-----|--|--|--|--|--|--|------|-------|------|-----|--|--|--|--|---|--|------|-------|------|-------|--|--|--|--|--|--|------|-----|------|-----|--|--|--|--|--|--|--------------|-----|------|-----|--------|--|--|--|--|--|------|-----|------|-----|--|--|--|--|--------------------------|--|------|-------|------|-------|--|--|--|--|---|--|------|-----|------|----|--|--|--|--|----------------------------------|--|------|-------|------|-----|--|--|--|--|------------------------------------|--|------|-------|------|-----|--|--|--|--|--------------------------------|--|------|-----|------|-----|--|--|--|--|------------------|--|------|-----|------|-----|--|--|--|--|-----------------|--|------|-----|------|-----|--|--|--|--|-------------------------------|--|------|----|------|----|--|--|--|--|--------------------------------------|--|------|-----|------|-----|--|--|--|--|---|--|------|----|------|----|--|--|--|--|--|--|------|-----|------|-----|--|--|--|--|---|--|------|-----|------|-----|--|--|--|--|--|--|------|-----|------|-----|--|--|--|--|---|--|------|-----|------|-----|--|--|--|--|---|--|---------------------------|--|--|--|-----------------------------------|--|--------------|--|----------|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number 07-0832<br>Deposit Account Name THOMSON LICENSING INC.<br>The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |        | <b>3. ADDITIONAL FEES</b><br><table border="1"><thead><tr><th>Large</th><th>Entity</th><th>Small</th><th>Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td></td><td></td><td></td><td></td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td></td><td></td><td></td><td></td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td></td><td></td><td></td><td></td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td></td><td></td><td></td><td></td><td>For filing a request for reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td></td><td></td><td></td><td></td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td></td><td></td><td></td><td></td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td></td><td></td><td></td><td></td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td></td><td></td><td></td><td></td><td>Extension for reply within second month</td><td>420</td></tr><tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td></td><td></td><td></td><td></td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td></td><td></td><td></td><td></td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td></td><td></td><td></td><td></td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td></td><td></td><td></td><td></td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td></td><td></td><td></td><td></td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td></td><td></td><td></td><td></td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td></td><td></td><td></td><td></td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td></td><td></td><td></td><td></td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td></td><td></td><td></td><td></td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td></td><td></td><td></td><td></td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td></td><td></td><td></td><td></td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td></td><td></td><td></td><td></td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td></td><td></td><td></td><td></td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td></td><td></td><td></td><td></td><td>Processing fee under 37 CFR 1.17 (q)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td></td><td></td><td></td><td></td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td></td><td></td><td></td><td></td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td></td><td></td><td></td><td></td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td></td><td></td><td></td><td></td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td></td><td></td><td></td><td></td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td></td><td></td><td></td><td></td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="4">Other fee (specify) _____</td><td colspan="2">*Reduced by Basic Filing Fee Paid</td><td colspan="2">SUBTOTAL (3)</td><td colspan="2">(\$ 420)</td></tr></tbody></table> |        | Large                             | Entity   | Small        | Entity   | Fee Code   | Fee (\$) | Fee Code        | Fee (\$) | Fee Description | Fee Paid | 1051 | 130 | 2051 | 65 |  |  |                    |  | Surcharge - late filing fee or oath |     | 1052 | 50  | 2052 | 25 |  |  |                   |  | Surcharge - late provisional filing fee or cover sheet. |     | 1053 | 130 | 1053 | 130 |  |  |                  |  | Non-English specification |     | 1812 | 2,520 | 1812 | 2,520 |  |  |                    |  | For filing a request for reexamination |     | 1804 | 920* | 1804 | 920* |  |  |                        |  | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805   | 1,840* |  |  |  |  | Requesting publication of SIR after Examiner action   |  | 1251  | 110    | 2251  | 55     |          |          |          |          | Extension for reply within first month |          | 1252 | 420 | 2252 | 210 |  |  |  |  | Extension for reply within second month | 420 | 1253 | 950 | 2253 | 475 |  |  |  |  | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 |  |  |  |  | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 |  |  |  |  | Extension for reply within fifth month             |  | 1401 | 330 | 2401 | 165 |  |  |  |  | Notice of Appeal   |  | 1402         | 330 | 2402 | 165 |        |  |  |  | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 |  |  |  |  | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 |  |  |  |  | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 |  |  |  |  | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 |  |  |  |  | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 |  |  |  |  | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 |  |  |  |  | Design issue fee |  | 1503 | 640 | 2503 | 320 |  |  |  |  | Plant issue fee |  | 1460 | 130 | 1460 | 130 |  |  |  |  | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 |  |  |  |  | Processing fee under 37 CFR 1.17 (q) |  | 1806 | 180 | 1806 | 180 |  |  |  |  | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 |  |  |  |  | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 |  |  |  |  | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 |  |  |  |  | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 |  |  |  |  | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 |  |  |  |  | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  | *Reduced by Basic Filing Fee Paid |  | SUBTOTAL (3) |  | (\$ 420) |  |
| Large   | Entity | Small   | Entity | Fee Code                          | Fee (\$) | Fee Code     | Fee (\$) | Fee Description  | Fee Paid |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1051  | 130    | 2051  | 65     |                                   |          |              |          | Surcharge - late filing fee or oath  |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1052  | 50     | 2052  | 25     |                                   |          |              |          | Surcharge - late provisional filing fee or cover sheet.                    |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1053  | 130    | 1053  | 130    |                                   |          |              |          | Non-English specification  |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1812  | 2,520  | 1812  | 2,520  |                                   |          |              |          | For filing a request for reexamination                                     |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1804  | 920*   | 1804  | 920*   |                                   |          |              |          | Requesting publication of SIR prior to Examiner action                     |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1805  | 1,840* | 1805  | 1,840* |                                   |          |              |          | Requesting publication of SIR after Examiner action                        |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1251  | 110    | 2251  | 55     |                                   |          |              |          | Extension for reply within first month                                     |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1252  | 420    | 2252  | 210    |                                   |          |              |          | Extension for reply within second month                                    | 420      |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1253  | 950    | 2253  | 475    |                                   |          |              |          | Extension for reply within third month                                     |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1254  | 1,480  | 2254  | 740    |                                   |          |              |          | Extension for reply within fourth month                                    |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1255  | 2,010  | 2255  | 1,005  |                                   |          |              |          | Extension for reply within fifth month                                     |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1401  | 330    | 2401  | 165    |                                   |          |              |          | Notice of Appeal   |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1402  | 330    | 2402  | 165    |                                   |          |              |          | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1403  | 290    | 2403  | 145    |                                   |          |              |          | Request for oral hearing   |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1451  | 1,510  | 1451  | 1,510  |                                   |          |              |          | Petition to institute a public use proceeding                              |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1452  | 110    | 2452  | 55     |                                   |          |              |          | Petition to revive - unavoidable   |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1453  | 1,330  | 2453  | 665    |                                   |          |              |          | Petition to revive - unintentional   |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1501  | 1,330  | 2501  | 665    |                                   |          |              |          | Utility issue fee (or reissue)   |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1502  | 480    | 2502  | 240    |                                   |          |              |          | Design issue fee   |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1503  | 640    | 2503  | 320    |                                   |          |              |          | Plant issue fee  |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1460  | 130    | 1460  | 130    |                                   |          |              |          | Petitions to the Commissioner  |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1807  | 50     | 1807  | 50     |                                   |          |              |          | Processing fee under 37 CFR 1.17 (q)                                       |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1806  | 180    | 1806  | 180    |                                   |          |              |          | Submission of Information Disclosure Stmt                                  |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 8021  | 40     | 8021  | 40     |                                   |          |              |          | Recording each patent assignment per property (times number of properties) |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1809  | 770    | 2809  | 385    |                                   |          |              |          | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1810  | 770    | 2810  | 385    |                                   |          |              |          | For each additional invention to be examined (37 CFR § 1.129(b))           |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1801  | 770    | 2801  | 385    |                                   |          |              |          | Request for Continued Examination (RCE)                                    |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1802  | 900    | 1802  | 900    |                                   |          |              |          | Request for expedited examination of a design application                  |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| Other fee (specify) _____   |        |   |        | *Reduced by Basic Filing Fee Paid |          | SUBTOTAL (3) |          | (\$ 420)   |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| <b>1. BASIC FILING FEE</b><br><table border="1"><thead><tr><th>Large</th><th>Entity</th><th>Small</th><th>Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td></td><td></td><td></td><td></td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td></td><td></td><td></td><td></td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td></td><td></td><td></td><td></td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td></td><td></td><td></td><td></td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td></td><td></td><td></td><td></td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td colspan="2">(\$ 0)</td><td colspan="4"></td></tr></tbody></table> |        | Large   | Entity | Small                             | Entity   | Fee Code     | Fee (\$) | Fee Code   | Fee (\$) | Fee Description | Fee Paid | 1001            | 770      | 2001 | 385 |      |    |  |  | Utility filing fee |  | 1002                                | 340 | 2002 | 170 |      |    |  |  | Design filing fee |  | 1003  | 530 | 2003 | 265 |      |     |  |  | Plant filing fee |  | 1004                      | 770 | 2004 | 385   |      |       |  |  | Reissue filing fee |  | 1005                                   | 160 | 2005 | 80   |      |      |  |  | Provisional filing fee |  | SUBTOTAL (1)   |  |      |        | (\$ 0) |        |  |  |  |  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1"><thead><tr><th>Large</th><th>Entity</th><th>Small</th><th>Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td></td><td></td><td></td><td></td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td></td><td></td><td></td><td></td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td></td><td></td><td></td><td></td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td></td><td></td><td></td><td></td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td></td><td></td><td></td><td></td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="4">SUBTOTAL (2)</td><td colspan="2">(\$ 0)</td><td colspan="4"></td></tr></tbody></table> |  | Large | Entity | Small | Entity | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description                        | Fee Paid | 1202 | 18  | 2202 | 9   |  |  |  |  | Claims in excess of 20                  |     | 1201 | 86  | 2201 | 43  |  |  |  |  | Independent claims in excess of 3      |  | 1203 | 290   | 2203 | 145 |  |  |  |  | Multiple dependent claim, if not paid   |  | 1204 | 86    | 2204 | 43    |  |  |  |  | ** Reissue independent claims over original patent |  | 1205 | 18  | 2205 | 9   |  |  |  |  | ** Reissue claims in excess of 20 and over original patent |  | SUBTOTAL (2) |     |      |     | (\$ 0) |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| Large   | Entity | Small   | Entity | Fee Code                          | Fee (\$) | Fee Code     | Fee (\$) | Fee Description  | Fee Paid |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1001  | 770    | 2001  | 385    |                                   |          |              |          | Utility filing fee   |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1002  | 340    | 2002  | 170    |                                   |          |              |          | Design filing fee  |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1003  | 530    | 2003  | 265    |                                   |          |              |          | Plant filing fee   |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1004  | 770    | 2004  | 385    |                                   |          |              |          | Reissue filing fee   |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1005  | 160    | 2005  | 80     |                                   |          |              |          | Provisional filing fee   |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| SUBTOTAL (1)  |        |   |        | (\$ 0)                            |          |              |          |  |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| Large   | Entity | Small   | Entity | Fee Code                          | Fee (\$) | Fee Code     | Fee (\$) | Fee Description  | Fee Paid |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1202  | 18     | 2202  | 9      |                                   |          |              |          | Claims in excess of 20   |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1201  | 86     | 2201  | 43     |                                   |          |              |          | Independent claims in excess of 3  |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1203  | 290    | 2203  | 145    |                                   |          |              |          | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1204  | 86     | 2204  | 43     |                                   |          |              |          | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| 1205  | 18     | 2205  | 9      |                                   |          |              |          | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |
| SUBTOTAL (2)  |        |   |        | (\$ 0)                            |          |              |          |  |          |                 |          |                 |          |      |     |      |    |  |  |                    |  |                                     |     |      |     |      |    |  |  |                   |  |   |     |      |     |      |     |  |  |                  |  |                           |     |      |       |      |       |  |  |                    |  |  |     |      |      |      |      |  |  |                        |  |  |  |      |        |        |        |  |  |  |  |   |  |       |        |       |        |          |          |          |          |  |          |      |     |      |     |  |  |  |  |   |     |      |     |      |     |  |  |  |  |  |  |      |       |      |     |  |  |  |  |   |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |              |     |      |     |        |  |  |  |  |  |      |     |      |     |  |  |  |  |                          |  |      |       |      |       |  |  |  |  |   |  |      |     |      |    |  |  |  |  |                                  |  |      |       |      |     |  |  |  |  |                                    |  |      |       |      |     |  |  |  |  |                                |  |      |     |      |     |  |  |  |  |                  |  |      |     |      |     |  |  |  |  |                 |  |      |     |      |     |  |  |  |  |                               |  |      |    |      |    |  |  |  |  |                                      |  |      |     |      |     |  |  |  |  |   |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |  |  |  |  |   |  |      |     |      |     |  |  |  |  |   |  |                           |  |  |  |                                   |  |              |  |          |  |

\*\*or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY      |                   | Complete (if applicable)          |                  |           |                 |
|-------------------|-------------------|-----------------------------------|------------------|-----------|-----------------|
| Name (Print/Type) | JOSEPH J. KOLODKA | Registration No. (Attorney/Agent) | 39731            | Telephone | +1 609 734-6816 |
| Signature         |                   | Date                              | January 23, 2004 |           |                 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.